

## Bronson Home Care Plan after Knee Replacement Surgery

**Call the 24-hour phone line at (855) 618-2676 with any of the following concerns**

- Drainage from incision
- Fall at home
- Increased pain
- Incision getting redder
- Fever greater than 101.5 F
- Swelling that does not get better when elevated

			Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	
			_/_	_/_	_/_	_/_	_/_	_/_	_/_	
<b>Pain Medicine</b>	Take pain medicine as directed for the first few days. Begin to wean off pain medicine as your pain decreases.	Pain Medicine:								
		1.	①②③④	①②③④	①②③④	①②③④	①②③④	①②③④	①②③④	
		2.	①②③④	①②③④	①②③④	①②③④	①②③④	①②③④	①②③④	①②③④
		3.	①②③④	①②③④	①②③④	①②③④	①②③④	①②③④	①②③④	①②③④
<b>Blood Thinning Medicine</b>	Take medicine to prevent blood clots as prescribed. Please write the time you take your medicine in the box for each day.	Blood thinner:								
		No. of times per day:								
<b>Avoid Constipation</b>	Take medicine to prevent constipation every day that you are taking pain medicine. Please write the time you take your medicine in the box for each day.	Medicine:								
		No. of times per day:								
	Eat a balanced diet.	Meals per day	①②③	①②③	①②③	①②③	①②③	①②③	①②③	
Drink plenty of fluids (water).	Glasses of fluid	①②③④ ⑤⑥⑦⑧	①②③④ ⑤⑥⑦⑧	①②③④ ⑤⑥⑦⑧	①②③④ ⑤⑥⑦⑧	①②③④ ⑤⑥⑦⑧	①②③④ ⑤⑥⑦⑧	①②③④ ⑤⑥⑦⑧	①②③④ ⑤⑥⑦⑧	
<b>Elevate Your Leg</b>	Elevate your leg above your heart at least 3 times per day for 30 minutes each time.		①②③	①②③	①②③	①②③	①②③	①②③	①②③	
<b>Ice Your Knee</b>	Apply ice pack. You may ice 20 minutes every hour during the day.	Number of times ice was applied	①②③④ ⑤⑥⑦⑧ ⑨⑩	①②③④ ⑤⑥⑦⑧ ⑨⑩	①②③④ ⑤⑥⑦⑧ ⑨⑩	①②③④ ⑤⑥⑦⑧ ⑨⑩	①②③④ ⑤⑥⑦⑧ ⑨⑩	①②③④ ⑤⑥⑦⑧ ⑨⑩	①②③④ ⑤⑥⑦⑧ ⑨⑩	
<b>Care for Incision</b>	Keep incision clean and dry. Do not use ointments or lotions. You may shower 3 days after surgery. Do not take a bath.	Check incision daily	<b>Normal:</b> Tenderness, clear drainage, scabbing, pink, warm <b>Not normal:</b> Intense pain, cloudy drainage, red, hot, fever greater than 101.5 degrees. <b>Call (855) 618-2676 to report these symptoms.</b>							

Please bring this chart with you when you see your doctor at your follow-up appointment.



			Day 8 _/_	Day 9 _/_	Day 10 _/_	Day 11 _/_	Day 12 _/_	Day 13 _/_	Day 14 _/_
<b>Pain Medicine</b>	Take pain medicine as directed for the first few days.	<b>Pain Medicine:</b>							
	Begin to wean off pain medicine as your pain decreases.	1.	①②③④	①②③④	①②③④	①②③④	①②③④	①②③④	①②③④
		2.	①②③④	①②③④	①②③④	①②③④	①②③④	①②③④	①②③④
		3.	①②③④	①②③④	①②③④	①②③④	①②③④	①②③④	①②③④
<b>Blood Thinning Medicine</b>	Take medicine to prevent blood clots as prescribed. Please write the time you take your medicine in the box for each day.	<b>Blood thinner:</b> _____ No. of times per day: _____							
<b>Avoid Constipation</b>	Take medicine to prevent constipation every day that you are taking pain medicine. Please write the time you take your medicine in the box for each day.	<b>Medicine:</b> _____ No. of times per day: _____							
	Eat a balanced diet.	<b>Meals per day</b>	①②③	①②③	①②③	①②③	①②③	①②③	①②③
	Drink plenty of fluids (water).	<b>Glasses of fluid</b>	①②③④ ⑤⑥⑦⑧	①②③④ ⑤⑥⑦⑧	①②③④ ⑤⑥⑦⑧	①②③④ ⑤⑥⑦⑧	①②③④ ⑤⑥⑦⑧	①②③④ ⑤⑥⑦⑧	①②③④ ⑤⑥⑦⑧
<b>Elevate Your Leg</b>	Elevate your leg above your heart at least 3 times per day for 30 minutes each time.		①②③	①②③	①②③	①②③	①②③	①②③	①②③
<b>Ice Your Knee</b>	Apply ice pack. You may ice 20 minutes every hour during the day.	<b>Number of times ice was applied</b>	①②③④ ⑤⑥⑦⑧ ⑨⑩	①②③④ ⑤⑥⑦⑧ ⑨⑩	①②③④ ⑤⑥⑦⑧ ⑨⑩	①②③④ ⑤⑥⑦⑧ ⑨⑩	①②③④ ⑤⑥⑦⑧ ⑨⑩	①②③④ ⑤⑥⑦⑧ ⑨⑩	①②③④ ⑤⑥⑦⑧ ⑨⑩
<b>Care for Incision</b>	Keep incision clean and dry. Do not use ointments or lotions. You may shower 3 days after surgery. Do not take a bath.	Check incision daily	<b>Normal:</b> Tenderness, clear drainage, scabbing, pink, warm <b>Not normal:</b> Intense pain, cloudy drainage, red, hot, fever greater than 101.5 degrees. <b>Call (855) 618-2676 to report these symptoms.</b>						

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